Attorney Docket No.: TRAN-P040



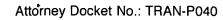
PHE JUNTED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that bearing First Class of deposit.	t this transmittal of the below de- Postage and addressed to the 0	scribed document is bei Commissioner for Paten	ls P.O. Box 145	0, Alexandria,	States Postal Service in an envelope VA 22313-1450, on the below date					
Date of Deposit: 07/20	Name of Person Making the Deposit:	KATHERINE RINA	DI Signature Making ti	e of the Persor he Deposit:	Kotherue Renald.					
In re Application	on of: H. Peter Anvin, Ale	exander Klaiber, G	uillermo J. R	ozas and f	Parag Gupta					
Application N	o.: 09/930,625	Namazi,	Mehdi							
Filed: 08/1	5/01		Art Unit: 2	188						
Confirmation I	No.: 2203									
For: METHOD	AND APPARATUS FOR	IMPROVING SE	GMENTED M	EMORY AL	DDRESSING					
Commissioner for Patents P.O. Box 1450  RECEIVED										
	A 22313-1450	AMENDMEN	T TRANSMI	TTAL	AUG 0 4 2004					
1. Trans	mitted herewith is an am	endment for this a	pplication		Technology Center 2100					
Other:	ed herewith are									
Extension of Term										
3. The p										
(a) [X]										
	Extension [ X ] one mont [ ] two month [ ] three mont [ ] four month	s ths	Fee \$110.00 \$420.00 \$950.00 \$1,480.00							
			Fee \$ 11	0.00						
If an additiona	I extension of time is rec	luired, please con	sider this a p	petition the	refor.					
(b) []	[ ] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									
0A/02/2004 YPOL	ITE1 00000008 09930625									

110.00 OP

1 of 2

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## **Fee Calculation**

claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	4	- 20 =	0	x \$18.00	\$0.00				
Independent Claims	2	- 3 =	0	x \$86.00	\$0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)									
Total Fees									

**HECEIVED** 

## **PAYMENT OF FEES**

AUG 0 4 2004

5. The full fee due in connection with this communication is provided as follows:

**Technology Center 2100** 

- The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085. A <u>duplicate copy</u> of this authorization is enclosed.
- [ X ] A check in the amount of \$110.00
- Charge any fees required or credit any overpayments associated with this filing to Deposit [ ] Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No.: 45590

Respectfully submitted

Date: 26 Jly 2014